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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/801,908 Confirmation No. : 2601
First Named Inventor : Michael STROBEL
Filed : March 9, 2001
TC/A.U. : 1614
Examiner : Raymond J. Henley III
Docket No. : 101920.56796US
Customer No. : 23911
Title : Ketoprofen Powder for Oral Use

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

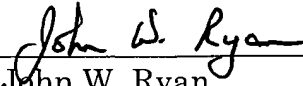
Sir:

On the attached copy of the Official Filing Receipt, it was noted that the spelling of the first listed inventor's last name was incorrect. Please make a change to reflect the correct spelling of the last name of the first listed inventor which is Strobel instead of Stroble, as shown on the receipt. An Application Data Sheet is being submitted concurrently herewith.

Kindly return the "Corrected" Official Filing Receipt to the undersigned attorney of record.

Respectfully submitted,

December 13, 2005



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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/801,908	03/09/2001	1614	460	833970.0002		20	4

CONFIRMATION NO. 2601

UPDATED FILING RECEIPT



OC000000007076450

John W. Ryan
WILMER CUTLER & PICKERING
2445 M Street, N.W.
Washington, DC 20037-6000

Date Mailed: 11/15/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Strobel
Michael ~~Strobel~~, Northfield, MN;
Patrick Soderlund, New Prague, MN;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 05/18/2001

Projected Publication Date: 09/12/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Ketoprofen powder for oral use

Preliminary Class

514

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11/26/01 dcd

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NOV 19 2001

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Application Data Sheet

Application Information

APPLICATION NUMBER::	09/801,908
FILING DATE::	March 9, 2001
APPLICATION TYPE::	REGULAR
SUBJECT MATTER::	UTILITY
SUGGESTED CLASSIFICATION::	
SUGGESTED GROUP ART UNIT::	1614
CD-ROM OR CD-R?::	NONE
NUMBER OF CD DISKS::	
NUMBER OF COPIES OF CDS::	
SEQUENCE SUBMISSION?::	
COMPUTER READABLE FORM (CRF)?::	NO
NUMBER OF COPIES OF CRF::	
TITLE::	KETOPROFEN POWDER FOR ORAL USE
ATTORNEY DOCKET NUMBER::	101920.56796US
REQUEST FOR EARLY PUBLICATION::	NO
REQUEST FOR NON PUBLICATION::	NO
SUGGESTED DRAWING FIGURE::	N/A
TOTAL DRAWING SHEETS::	0
SMALL ENTITY::	YES
PETITION INCLUDED?::	NO
PETITION TYPE::	
LICENSED US GOVT. AGENCY::	
CONTRACT OR GRANT NUMBERS::	
SECRECY ORDER IN PARENT APPL.?::	NO

APPLICANT INFORMATION

APPLICANT AUTHORITY TYPE::	INVENTOR
PRIMARY CITIZENSHIP::	UNITED STATES

STATUS::	FULL CAPACITY
GIVEN NAME::	MICHAEL
FAMILY NAME::	STROBEL
CITY OF RESIDENCE::	NORTHFIELD
STATE OR PROVINCE OF RESIDENCE::	MN
COUNTRY OF RESIDENCE::	UNITED STATES
STREET OF MAILING ADDRESS::	14795 DIXON PATH
CITY OF MAILING ADDRESS::	NORTHFIELD
STATE OR PROVINCE OF MAILING ADDRESS::	MN
COUNTRY OF MAILING ADDRESS::	UNITED STATES
POSTAL OR ZIP CODE OF MAILING ADDRESS::	55057

APPLICANT AUTHORITY TYPE::	INVENTOR
PRIMARY CITIZENSHIP::	UNITED STATES
STATUS::	FULL CAPACITY
GIVEN NAME::	PATRICK
FAMILY NAME::	SODERLUND
CITY OF RESIDENCE::	NEW PRAGUE
STATE OR PROVINCE OF RESIDENCE::	MN
COUNTRY OF RESIDENCE::	UNITED STATES
STREET OF MAILING ADDRESS::	HIGHWAY 19, RT. 2, BOX 525
CITY OF MAILING ADDRESS::	NEW PRAGUE
STATE OR PROVINCE OF MAILING ADDRESS::	MN
COUNTRY OF MAILING ADDRESS::	UNITED STATES
POSTAL OR ZIP CODE OF MAILING ADDRESS::	56071

CORRESPONDENCE INFORMATION

CORRESPONDENCE CUSTOMER NUMBER:: 23911

REPRESENTATIVE INFORMATION

REPRESENTATIVE CUSTOMER NUMBER:: 23911

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::

ASSIGNMENT INFORMATION

ASSIGNEE NAME:: **VETERINARY SOLUTIONS, INC.**
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ADDRESS:: MINNESOTA
COUNTRY OF MAILING ADDRESS:: UNITED STATES
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